

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

01/13/96

7246-00078

REQUEST FOR PATENT FEE REFUND

| | | | | | | | | | | |
|---|-----------------------------------|-------------------------------------|--|--|--|----|--|--|--|--|
| 1 Date of Request: _____ | | 2 Serial/Patent # <u>08/581,743</u> | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | | | | | | | |
| | Filing | | \$ | | | | | | | |
| | Amendment | | \$ | | | | | | | |
| | Extension of Time | | \$ | | | | | | | |
| | Notice of Appeal/Appeal | | \$ | | | | | | | |
| | Petition | | \$ | | | | | | | |
| | Issue | | \$ | | | | | | | |
| | Cert of Correction/Terminal Disc. | | \$ | | | | | | | |
| | Maintenance | | \$ | | | | | | | |
| | Assignment | | \$ | | | | | | | |
| <input checked="" type="checkbox"/> | Other | <u>1-2496</u> | \$ <u>250.00</u> | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | \$ <u>250.00</u> | | | | | | | |
| 10 REASON: | | 8 TO BE REFUNDED BY: | | | | | | | | |
| <input checked="" type="checkbox"/> | Overpayment | <input checked="" type="checkbox"/> | Treasury Check | | | | | | | |
| <input checked="" type="checkbox"/> | Duplicate Payment | | Credit Deposit A/C #: | | | | | | | |
| | No Fee Due (Explanation): | 9 | <table border="1"><tr><td></td><td></td><td>--</td><td></td><td></td><td></td><td></td></tr></table> | | | -- | | | | |
| | | -- | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>E. M. Ivey</u> | | TITLE: <u>LL. Eftm.</u> | | | | | | | | |
| SIGNATURE: <u>[Signature]</u> | | PHONE: <u>308-1202</u> | | | | | | | | |
| OFFICE: <u>O I P</u> | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | |
| APPROVED: <u>Freda Connolly</u> | | DATE: <u>3/1/96</u> | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: